

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015695

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registered District No. FILED MAY 14 1962 Primary Registration District No. 2001 Registrar's No. 247VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in 1b <b>D.O.A.</b>	c. CITY OR TOWN <b>Carterville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>501 N. Fountain</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>Harold</b> Last <b>Rusk</b>		4. DATE OF DEATH Month <b>May</b> Day <b>1</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/1/1901</b>
9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truckline Traffic Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truckline</b>	11. BIRTHPLACE (City and state or country) <b>Carterville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James C. Rusk</b>	
13b. MOTHER'S MAIDEN NAME <b>Dora Lee Jackson</b>		14. NAME OF DECEASED'S WIFE <b>Dott Marie Rusk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT Address <b>Dott Marie Rusk, Carterville, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure, Acute</b> <b>Acute Coronary Occlusion</b> <b>Coronary Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Instant</b> DUE TO (c) <b>Apparently instat</b> <b>Undetermined.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus 2 yrs + Cirrhosis of Liver</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Carterville</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>		
21. I attended the deceased from <b>1955</b> , to <b>5-1-62</b> and last saw him alive on <b>4-12-62</b> Death occurred at <b>about 2:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. <b>(D.O.A. at Hospital)</b>			
22a. SIGNATURE <b>[Signature]</b> (Name or title)		22b. ADDRESS <b>DeTar Clinic</b> <b>410 Jackson, Joplin, Mo.</b>	
22c. DATE SIGNED <b>5-3-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>5/4/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Carterville, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedge-Lewis Funeral Home, Webb City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-7-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Dore Merriam</b>			

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.